	Case 21-00/86-JMC-7	Doc 16 Filed 07/22/21	EOD 0//22/21 13:18:29	Pg 1 01 16
Fill in th	nis information to identify your ca	ase:		
Debtor 1	Poppy May Miller			
Debior 1	Poppy May Miller First Name	Middle Name Last Name		
Debtor 2 (Spouse if,		Middle Name Last Name		
United S	States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case nu	ımber 21-00786-JMC			
(if known)	21-00780-3INC			Check if this is an
				mended filing
vecassame co	FEC 5833 99322022243-03472-038			g
Officia	al Form 106E/F			
Sched	dule E/F: Creditors Wh	no Have Unsecured Claims		12/15
Schedule eft. Attacl name and	D: Creditors Who Have Claims Secur	ed Leases (Official Form 106G). Do not includered by Property. If more space is needed, copy. If you have no information to report in a Partecured Claims	the Part you need, fill it out, number the en	tries in the boxes on the
1. Do a	ny creditors have priority unsecured	claims against you?		
■ N	lo. Go to Part 2.			
☐ Ye	es.			
D- 40	TI : All EV NONDDIODITY			
Control of the land	List All of Your NONPRIORITY ny creditors have nonpriority unsecu	30 W W W 200 W 200		
000000			L. L. T.	
200		rt. Submit this form to the court with your other so	nedules.	
Y.	es.			
4. List	all of your nonpriority unsecured clai			
unse	cured claim, list the creditor separately f one creditor holds a particular claim, list	ims in the alphabetical order of the creditor what for each claim. For each claim listed, identify what the other creditors in Part 3.If you have more that	no holds each claim. If a creditor has more tha t type of claim it is. Do not list claims already ind an three nonpriority unsecured claims fill out the	cluded in Part 1. If more
unsed than	cured claim, list the creditor separately f one creditor holds a particular claim, list	for each claim. For each claim listed, identify wha	t type of claim it is. Do not list claims already inc	cluded in Part 1. If more
unsed than	cured claim, list the creditor separately f one creditor holds a particular claim, list	for each claim. For each claim listed, identify wha	t type of claim it is. Do not list claims already inc an three nonpriority unsecured claims fill out the	cluded in Part 1. If more Continuation Page of
unsec than Part 2	cured claim, list the creditor separately fone creditor holds a particular claim, list 2. ATI Physical Therapy	for each claim. For each claim listed, identify wha	t type of claim it is. Do not list claims already inc an three nonpriority unsecured claims fill out the Multiple	cluded in Part 1. If more Continuation Page of
unsec than Part 2	cured claim, list the creditor separately fone creditor holds a particular claim, list 2. ATI Physical Therapy Nonpriority Creditor's Name 790 Remington Blvd.	for each claim. For each claim listed, identify wha t the other creditors in Part 3.If you have more tha	t type of claim it is. Do not list claims already inc an three nonpriority unsecured claims fill out the Multiple	cluded in Part 1. If more Continuation Page of Total claim
unsecthan Part 2	cured claim, list the creditor separately fone creditor holds a particular claim, list 2. ATI Physical Therapy Nonpriority Creditor's Name 790 Remington Blvd. Bolingbrook, IL 60440	for each claim. For each claim listed, identify what the other creditors in Part 3.If you have more the Last 4 digits of account number. When was the debt incurred?	t type of claim it is. Do not list claims already incentification three nonpriority unsecured claims fill out the Multiple Accounts Multiple Dates	cluded in Part 1. If more Continuation Page of Total claim
unsec than Part 2	cured claim, list the creditor separately fone creditor holds a particular claim, list 2. ATI Physical Therapy Nonpriority Creditor's Name 790 Remington Blvd.	for each claim. For each claim listed, identify wha t the other creditors in Part 3.If you have more tha Last 4 digits of account number	t type of claim it is. Do not list claims already incentification three nonpriority unsecured claims fill out the Multiple Accounts Multiple Dates	cluded in Part 1. If more Continuation Page of Total claim
unsec than Part 2	cured claim, list the creditor separately fone creditor holds a particular claim, list 2. ATI Physical Therapy Nonpriority Creditor's Name 790 Remington Blvd. Bolingbrook, IL 60440 Number Street City State Zip Code	for each claim. For each claim listed, identify what the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 4.If you have more that the other creditors in Part 4.If you have more than 3.If you have	t type of claim it is. Do not list claims already incentification three nonpriority unsecured claims fill out the Multiple Accounts Multiple Dates	cluded in Part 1. If more Continuation Page of Total claim
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unsecthan Part 2	cured claim, list the creditor separately fone creditor holds a particular claim, list 2. ATI Physical Therapy Nonpriority Creditor's Name 790 Remington Blvd. Bolingbrook, IL 60440 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	for each claim. For each claim listed, identify what the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed	t type of claim it is. Do not list claims already incent three nonpriority unsecured claims fill out the Multiple Accounts Multiple Dates is: Check all that apply	cluded in Part 1. If more Continuation Page of Total claim
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unsecthan Part 2	cured claim, list the creditor separately fone creditor holds a particular claim, list 2. ATI Physical Therapy Nonpriority Creditor's Name 790 Remington Blvd. Bolingbrook, IL 60440 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and anote Check if this claim is for a committed.	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecurunity Obligations arising out of a seg	type of claim it is. Do not list claims already incent three nonpriority unsecured claims fill out the Multiple Accounts Multiple Dates is: Check all that apply ed claim: paration agreement or divorce that you did not	cluded in Part 1. If more Continuation Page of Total claim

Case 21-00786-JMC-7 Doc 16 Filed 07/22/21 EOD 07/22/21 13:18:29 Pg 2 of 16

Debto	Poppy May Miller	Case number (if known) 21-00786-JI	VIC.
4.2	Barclays Nonpriority Creditor's Name	Last 4 digits of account number	\$1,123.00
	PO Box 8803 Wilmington, DE 19899	When was the debt incurred? 12/19	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit Card/Credit Use	
4.3	Capital One Auto Finance	Last 4 digits of account number 1001	\$0.00
	Nonpriority Creditor's Name PO Box 259407	When we the debter of 040	
	Plano, TX 75025	When was the debt incurred? 9/19	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Notice Only	
4.4	ChexSystems Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	7805 Hudson Road Ste. 100 Saint Paul, MN 55125	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Notice Only	

Case 21-00786-JMC-7 Doc 16 Filed 07/22/21 EOD 07/22/21 13:18:29 Pg 3 of 16

Debtor	1 Poppy May Miller		Case number (if known) 21-0078	6-JMC
4.5	Comenity - Victoria's Secret (PINK) Nonpriority Creditor's Name	Last 4 digits of account number	1924	\$597.00
	Attn: Bankruptcy Dept. PO Box 182125 Columbus, OH 43218-2125	When was the debt incurred?	06/2005	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.		una a caracteristica e establica de la comencia de establica en establica e en establica e en establica e en e	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did r	not
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	/ Credit Use	
4.6	Comenity Bank - Buckle	Last 4 digits of account number	1424	\$2,160.00
	Nonpriority Creditor's Name PO BOX 182789 Columbus, OH 43218	When was the debt incurred?	07/2013	
	Number Street City State Zip Code	As of the date you file, the claim is	s: Check all that apply	
	Who incurred the debt? Check one.		uges som til det filmer staten utde ett state det fra til 1880 frå	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separation	ration agreement or divorce that you did n	oot
	No	report as priority claims		
	□ Yes	☐ Debts to pension or profit-sharing ☐ Other. Specify Credit Card		
			11	
4.7	CoreLogic Corporate Headquarters Nonpriority Creditor's Name	Last 4 digits of account number		\$0.00
	40 Pacifica Avenue Suite 900	When was the debt incurred?		
	Irvine, CA 92618 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans	nerven en e	
	debt	Obligations arising out of a separ	ation agreement or divorce that you did n	ot
	Is the claim subject to offset?	report as priority claims		roa.
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify Notice Only		

Case 21-00786-JMC-7 Doc 16 Filed 07/22/21 EOD 07/22/21 13:18:29 Pg 4 of 16

Debtor	1 Poppy May Miller	Case number (if known) 21-00786-JMC	
4.8	Equifax Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	PO Box 740256 Atlanta, GA 30374	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Notice Purpose Only	
4.9	Experian	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name 701 Experian Parkway Allen, TX 75013	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other Specify Notice Purpose Only	
4.1	First National Bank of Omaha	Last 4 digits of account number 0113	\$27,492.00
	Nonpriority Creditor's Name PO Box 2557	When was the debt incurred? 04/2007	7,
	Omaha, NE 68103 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Credit Card / Credit Use - Collection Account w/Blitt & Gaines - Crown Asset Management - DCM Services	

Case 21-00786-JMC-7 Doc 16 Filed 07/22/21 EOD 07/22/21 13:18:29 Pg 5 of 16 Debtor 1 Poppy May Miller Case number (if known) 21-00786-JMC 4.1 Multiple Franciscan Alliance Last 4 digits of account number Unknown Accounts Nonpriority Creditor's Name 1515 Dragoon Trail When was the debt incurred? **Multiple Dates** Mishawaka, IN 46544 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No. ☐ Yes Other Specify Medical Debt 4.1 GLA Collection Company, Inc. 3019 Last 4 digits of account number Unknown Nonpriority Creditor's Name 2630 Gleeson Lane When was the debt incurred? 08/2018 P.O. Box 991199 Louisville, KY 40299 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims No. Debts to pension or profit-sharing plans, and other similar debts Collection Account - Indpls Gastro & Hem -Other, Specify ☐ Yes 4.1 Hardamon & Associates 0028 3 Last 4 digits of account number Unknown Nonpriority Creditor's Name Attorneys At Law When was the debt incurred? 06/2018 825 S Meridian St Indianapolis, IN 46225 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another

No.

☐ Yes

Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

Other, Specify Collection Account - Valle Vista Health

☐ Student loans

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

Case 21-00786-JMC-7 Doc 16 Filed 07/22/21 EOD 07/22/21 13:18:29 Pg 6 of 16

Debtor	1 Poppy May Miller		Case number (if known)	21-00786-JMC
4.1	IMC Credit Services Nonpriority Creditor's Name 8085 Knue Road	Last 4 digits of account number When was the debt incurred?	Multiple Accounts Multiple Dates	Unknown
	Indianapolis, IN 46250 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim		
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce the	
	■ No □ Yes		Account - Southeast A	nesthesia
	La res	Assoc., IU	Radiology, Indiana Clir	nic/IU
4.1 5	IU Health Nonpriority Creditor's Name	Last 4 digits of account number	Multiple Accounts	Unknown
	250 N. Shadeland Indianapolis, IN 46219	When was the debt incurred?	Multiple Dates	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that	at you did not
	■ No	Debts to pension or profit-sharing	g plans, and other similar debt	S
	☐ Yes	Other, Specify Medical De	bt	
4.1 6	JPMCB Card Services Nonpriority Creditor's Name	Last 4 digits of account number	4540	\$10,728.00
	PO Box 15369 Wilmington, DE 19850	When was the debt incurred?	9/05	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce th	at you did not
	Is the claim subject to offset?	report as priority claims	adion agreement of divorce th	at you did not
	■ No	Debts to pension or profit-sharing	g plans, and other similar debt	S
	☐ Yes	Other. Specify Credit Card	I / Credit Use	

Case 21-00786-JMC-7 Doc 16 Filed 07/22/21 EOD 07/22/21 13:18:29 Pg 7 of 16

Debtor	1 Poppy May Miller		Case number (if known)	21-00786-JMC	
4.1 7	JPMCB Card Services	Last 4 digits of account number	4673		Unknown
	Nonpriority Creditor's Name PO Box 15369	When was the debt incurred?	2/16		
	Wilmington, DE 19850 Number Street City State Zip Code	As of the date you file, the claim i	is: Chask all that apply		
	Who incurred the debt? Check one.	As of the date you me, the claim	s. Check all triat apply		
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	□Yes	Other. Specify Credit Card	//Credit Use		
4.1	Kahla/Canital One	# # ##################################	0052		22/2002 23
8	Kohl's/Capital One Nonpriority Creditor's Name	Last 4 digits of account number	9053		\$3,650.00
	P.O. Box 3115	When was the debt incurred?	05/1998		
,	Milwaukee, WI 53201-3115	_			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	■ Debtor 1 only	По-т			
	Debtor 2 only	☐ Contingent			
	Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	Check if this claim is for a community	Student loans	Ciaiii.		
	debt	Obligations arising out of a sepa	ration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims	ration agreement of divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	Yes	Other. Specify Credit Card	/ Credit Use		
4.1	Lincare		8870		
9	Nonpriority Creditor's Name	Last 4 digits of account number	0070		Unknown
	PO Box 690397	When was the debt incurred?	2018		
	Orlando, FL 32869	- 2 22 1			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only				
	Debtor 2 only	Contingent			
	the process of the second seco	Unliquidated			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	l claim:		
		☐ Student loans	widilli.		
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a sepa	ration agreement or diverse	that you did not	
	Is the claim subject to offset?	report as priority claims	adon agreement or divorce	mat you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	bts	
	☐ Yes	Other. Specify Medical Del	bt		

Case 21-00786-JMC-7 Doc 16 Filed 07/22/21 EOD 07/22/21 13:18:29 Pg 8 of 16

Debtor 1 Poppy May Miller Case number (if known) 21-00786-JMC

Multiple

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4.2 0	Med 1 Solutions	Last 4 digits of account number	Multiple Accounts	\$2,002.00
	Nonpriority Creditor's Name 517 US Hwy 31 N. Greenwood, IN 46142	When was the debt incurred?	Multiple Dates	* 1 * * * * * * * * * * * * * * * * * *
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes		Accounts - South Campus nter, Community Health	
4.2			Multiple	
1	Medical Associates, LLP	Last 4 digits of account number	Multiple Accounts	Unknown
	Nonpriority Creditor's Name PO Box 6276 Dept 20	When was the debt incurred?	Multiple Dates	
	Indianapolis, IN 46206 Number Street City State Zip Code	As of the date you file, the claim i	s: Chack all that apply	
	Who incurred the debt? Check one.	ris or the date you me, the claim?	s. Oneck all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical Del	ot	
4.2	Meridian Financial Services	Last 4 digits of account number		Unknown
	Nonpriority Creditor's Name 21 Overland Industrial Blvd., Bldg. 1 P.O. Box 1410	When was the debt incurred?		
	Asheville, NC 28802-1410 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separ report as priority claims	ration agreement or divorce that you did not	
	No No	Debts to pension or profit-sharing	nlans and other similar debts	
	- 140	— Bests to pension or profit-smaring	g plans, and other similar debts	

Case 21-00786-JMC-7 Doc 16 Filed 07/22/21 EOD 07/22/21 13:18:29 Pg 9 of 16

Debtor	Poppy May Miller		Case number (if known) 21-0	0786-JMC
4.2	MiraMed Revenue Group	Last 4 digits of account number	Multiple Accounts	Unknown
	Nonpriority Creditor's Name Dept. 77304 PO Box 77000 Detroit, MI 48277-0304	When was the debt incurred?	Multiple Dates	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	Type of NONPRIORITY unsecured ☐ Student loans	d claim:	tlid not
	Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharing		
	Yes	Other. Specify Collection	Accounts - Franciscan Allia	nce
4.2	Northwest Radiology Network Nonpriority Creditor's Name	Last 4 digits of account number	Multiple Accounts	Unknown
	13587 Collection Drive Chicago, IL 60693	When was the debt incurred?	Multiple Dates	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you o	did not
	■ No	□ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical De	bt	
4.2 5	Ortho Indy Nonpriority Creditor's Name	Last 4 digits of account number	6106	\$97.00
	PO Box 6284 Indianapolis, IN 46206	When was the debt incurred?	2018	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you o	fid not
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify Medical De	bt	

Case 21-00786-JMC-7 Doc 16 Filed 07/22/21 EOD 07/22/21 13:18:29 Pg 10 of 16

Debtor 1 Poppy May Miller Case number (if known) 21-00786-JMC

4.2	Radius Global Solutions LLC	Last 4 digits of account number	4659	Unknown
	Nonpriority Creditor's Name formerly Northalnd Grop PO Box 390846	When was the debt incurred?	07/2018	Olikilowii
	Minneapolis, MN 55439 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	Other, Specify Collection		
4.2	Synchrony Bank Bankruptcy Dept		West field	
7	Sun GI Nonpriority Creditor's Name	Last 4 digits of account number	1356	Unknown
	P.O. Box 965060 Orlando, FL 32896-5060	When was the debt incurred?	07/2018	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other, Specify Credit Card	/ Credit Use	
4.2	TransUnion			***
8	Nonpriority Creditor's Name	Last 4 digits of account number		\$0.00
	P.O. Box 2000	When was the debt incurred?		
	Chester, PA 19016		- 420 Vo 100/135 No 3V	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	PARTY AND THE STATE OF THE STAT			
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	Laboration .	
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	ciaim:	
	☐ Check if this claim is for a community debt			
	Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Notice Purp		
		- F-24"/	Te 10-5/1-3/10.	

Case 21-00786-JMC-7 Doc 16 Filed 07/22/21 EOD 07/22/21 13:18:29 Pg 11 of 16 Debtor 1 Poppy May Miller Case number (if known) 21-00786-JMC 4.2 Multiple Valle Vista Health 9 Last 4 digits of account number Accounts \$0.00 Nonpriority Creditor's Name Attn: Business Office When was the debt incurred? Multiple Dates 898 E. Main Street Greenwood, IN 46143 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims No. Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other, Specify Notice Only Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Blitt and Gaines, P.C. Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims 775 Corporate Woods Parkway Part 2: Creditors with Nonpriority Unsecured Claims Vernon Hills, IL 60061 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Comenity Bank Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims **Bankruptcy Department** Part 2: Creditors with Nonpriority Unsecured Claims PO Box 182125 Columbus, OH 43218 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Community Health Network Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims PO Box 19202 Part 2: Creditors with Nonpriority Unsecured Claims Indianapolis, IN 46219 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Community Health Network Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims 1500 North Ritter Part 2: Creditors with Nonpriority Unsecured Claims Indianapolis, IN 46219 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Crown Asset Management Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims 3100 Breckenridge Blvd Ste 725 Part 2: Creditors with Nonpriority Unsecured Claims Duluth, GA 30096 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **DCM Services LLC** Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 7601 Penn Ave. S. Part 2: Creditors with Nonpriority Unsecured Claims

GLA Collection Company 2630 Gleeson Lane

Minneapolis, MN 55423

Louisville, KY 40299

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):

Last 4 digits of account number

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

Suite A600

Case 21-00786-JMC-7 Doc 16 Filed 07/22/21 EOD 07/22/21 13:18:29 Pg 12 of 16

Debtor 1 Poppy May Miller		Case number (if known)	21-00786-JMC
	Last 4 digits of account number		
Name and Address GLA Collections PO Box 991199	On which entry in Part 1 or Part 2 did Line 4.12 of (Check one):	you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Non	
Louisville, KY 40269	Last 4 digits of account number		
Name and Address Hardamon & Associates Attorneys At Law 825 S Meridian St Indianapolis, IN 46225	On which entry in Part 1 or Part 2 did Line 4.29 of (Check one):	you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Non	
	Last 4 digits of account number		
Name and Address IMC Credit Services 6955 Hillsdale Ct. Indianapolis, IN 46250	On which entry in Part 1 or Part 2 did Line 4.14 of (Check one):	you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Nong	
and the control of th	Last 4 digits of account number		
Name and Address Indiana Clinic - IU Health 5799 Reliable Parkway Chicago, IL 60686-0057	On which entry in Part 1 or Part 2 did Line 4.14 of (Check one):	you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with None	
	Last 4 digits of account number		
Name and Address Indiana Clinic - IU Health 250 N Shadeland Ave Indianapolis, IN 46219	On which entry in Part 1 or Part 2 did Line 4.14 of (Check one):	you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with None	
maianapons, na 40213	Last 4 digits of account number		
Name and Address Indianapolis Gastroenterology 417 Bridge Street Danville, VA 24541-1403	On which entry in Part 1 or Part 2 did Line 4.12 of (<i>Check one</i>):	you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Nong	10 III
Danvine, VA 24341-1403	Last 4 digits of account number		
Name and Address IU Health 250 N. Shadeland Indianapolis, IN 46219	On which entry in Part 1 or Part 2 did Line 4.14 of (<i>Check one</i>):	you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with None	
	Last 4 digits of account number		
Name and Address IU Radiology 550 N. University Blvd. #0279 Indianapolis, IN 46202	On which entry in Part 1 or Part 2 did Line 4.14 of (Check one):	you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Nong	
	Last 4 digits of account number		
Name and Address MiraMed Revenue Group 360 E. 22nd Street Lombard, IL 60148-4924	On which entry in Part 1 or Part 2 did Line 4.23 of (Check one):	you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with None	
Edition 4, 12 00 140-4324	Last 4 digits of account number		
Name and Address MiraMed Revenue Group PO Box 536 Linden, MI 48451-0536	On which entry in Part 1 or Part 2 did Line 4.23 of (Check one):	you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Nons	
National Actions	Last 4 digits of account number	Morrow Control Company of the Control	
Morgan Superior Court 10 E. Washington Street 55D03-2101-CC-000113 Martinsville, IN 46151	On which entry in Part 1 or Part 2 did Line 4.10 of (Check one):	you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with None	7/
	Last 4 digits of account number		

Case 21-00786-JMC-7 Doc 16 Filed 07/22/21 EOD 07/22/21 13:18:29 Pg 13 of 16

Debtor 1 Poppy May Miller		Case number (if known)	21-00786-JMC
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?	
Northland Group Inc - Attn. BK Dept	Line 4.26 of (Check one):	☐ Part 1: Creditors with Prior	ity Unsecured Claims
7831 Glenroy Road #350		Part 2: Creditors with None	
Minneapolis, MN 55439	Last 4 digits of account number	TO NEED YOU THIS CONTRACTOR OF A STATE OF A	\$100000000 \$6000000000000000000000000000
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?	
Northwest Radiology Network	Line 4.24 of (Check one):	Part 1: Creditors with Prior	ity Unsecured Claims
5901 Technology Center Drive Indianapolis, IN 46278		Part 2: Creditors with Nonp	priority Unsecured Claims
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?	
South Campus Surgery Center	Line 4.20 of (Check one):	Part 1: Creditors with Prior	ity Unsecured Claims
1550 East County Line Rd. South		Part 2: Creditors with None	priority Unsecured Claims
Indianapolis, IN 46227-1000	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?	
South Campus Surgery Center	Line 4.20 of (Check one):	☐ Part 1: Creditors with Prior	ity Unsecured Claims
7184 Solutions Center Chicago, IL 60677-1000		Part 2: Creditors with Nonp	priority Unsecured Claims
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?	
Southeast Anesthesiologist	Line 4.14 of (Check one):	Part 1: Creditors with Prior	ity Unsecured Claims
PO Box 6069		Part 2: Creditors with Nonp	priority Unsecured Claims
Dept. 107 Indianapolis, IN 46206-6069			
mulanapons, nv 40200-0009	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?	
Valle Vista Health	Line 4.13 of (Check one):	Part 1: Creditors with Prior	ity Unsecured Claims
Attn: Business Office		Part 2: Creditors with None	16#0.01
898 E. Main Street			
Greenwood, IN 46143	Last 4 digits of account number		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	S	0.00
otal laims					
om Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	6f.	Student loans	6f.	\$	Total Claim
otal	1911		OII.	Ф	0.00
laims rom Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	47,849.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	47,849.00

FILLS Also inform	a la la	200 Kara Wallon K			
	mation to identify your		化抗发性的 医原状	2008	
Debtor 1	Poppy May Miller First Name	Middle Name	Last Name		
Debtor 2	N-013550177033	MIN	addi (rama		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRIC	T OF INDIANA		
Case number	21-00786-JMC				
(if known)					☐ Check if this is an amended filing
Official Form Declarat		n Individua	l Debtor's So	hedules	12/15
If two married po	eople are filing togethe	, both are equally respo	onsible for supplying cor	rect information.	
obtaining money	s form whenever you fi y or property by fraud in 8 U.S.C. §§ 152, 1341, 1	connection with a ban	s or amended schedules kruptcy case can result	s. Making a false stater in fines up to \$250,000	ment, concealing property, or), or imprisonment for up to 20
Sig	n Below				
Did you pa	y or agree to pay some	one who is NOT an atto	rney to help you fill out I	oankruptcy forms?	
■ No					
☐ Yes. I	Name of person				ruptcy Petition Preparer's Notice, and Signature (Official Form 119)
	alty of perjury, I declare e true and correct.	that I have read the sun	nmary and schedules file	ed with this declaration	n and
X /s/ Por	ppy May Miller		х		
Poppy	May Miller re of Debtor 1		Signature of	Debtor 2	
Date	July 22 2024		Data		

Case 21-00786-JMC-7 Doc 16 Filed 07/22/21 EOD 07/22/21 13:18:29 Pg 15 of 16

United States Bankruptcy Court Southern District of Indiana

In re	Poppy May Miller		Case No.	21-00786-JMC	
		Debtor(s)	Chapter	7	

CERTIFICATE OF SERVICE

I hereby certify that on <u>July 22, 2021</u>, a copy of <u>the Notice of Added Creditors and documents listed</u> was served electronically or by regular United States mail to all interested parties, the Trustee and all creditors listed below.

ATI Physical Therapy, 790 Remington Blvd., Bolingbrook, IL 60440

Northwest Radiology Network, 13587 Collection Drive, Chicago, IL 60693

Northwest Radiology Network, 5901 Technology Center Drive, Indianapolis, IN 46278

/s/ Jennifer F. Asbury
Jennifer F. Asbury
John Steinkamp and Associates
5214 S. East Street
Suite D1
Indianapolis, IN 46227
317-780-8300Fax:317-217-1320
ecf@johnsteinkampandassociates.com

UNITED STATES BANKRPTCY COURT SOUTHERN DISTRICT OF INDIANA INDIANAPOLIS DIVISION

IN RE:)	
)	
POPPY MAY MILLER,)	CASE NO. 21-00786-JMC-7
)	
Debtor,)	

NOTICE TO ADDED CREDITORS

PLEASE TAKE NOTICE THAT you have been added as a creditor in this bankruptcy case. The following documents are provided with this notice:

- Notice of meeting of creditors with applicable deadlines is being sent with Debtor(s) full social security number.
- Amended Schedule F

/s/Jennifer F. Asbury

Jennifer F. Asbury John Steinkamp and Associates 5214 S. East Street, Ste. D-1 Indianapolis, IN 46227 (317) 780-8300 ecf@johnsteinkampandassociates.com